STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM						ent On Re					Page	of	Page	es	
STD. 262 (REV. 7/2005) CLAIMANT'S NAME											DEPARTMENT				
Terry McGuire										State C	State Controller's Office				
OSITIO				No.		DIVISION or BUREAU							INDEX NUMBER		
Deputy Controller - Investments							Executive Office							TELEPHONE NUMBER	
SIDEN	ICE ADD	DRESS *		HEADQUARTERS ADDRESS					TELEPHONE NUMBE		NE NOMBER				
			300 Capitol Mall, Suite 1850					STATE ZIP CODE							
TY	12		STATE	ZIP CO		-	acramen	to				CA	95814		
MONT	INEAR		(4)	(5) MEALS			(6) (7)		TRANSPORTATION			ON		(9)	
Jul-Sept		(3) LOCATION WHERE EXPENSES WERE INCURRED				0.T., L/T,		(A) (B)		(C)	(D)			TOTAL	
				BREAK- FAST	LUNCH		INCIDEN- TALS		TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS EXPENSE	FOR DAY	
DATE	TIME		LODGING	FAST	LUNCH	DINNER	TALO	THATC.		PARKING	MILES	AMOUNT			
7/13		Sacramento						65.00	R			0.00		65.00	
/11		Sacramento						65.00	R			0.00		65.00	
10.5	-	Sacramento										0.00		65.00	
9/26		- Justimento					-	65.00	R			0.00		05.00	
		2.2										0.00		0.00	
					2						+				
												0.00		0.00	
												0.00		0.00	
		3.2										0.00		0.00	
												0.00		0.00	
-							1.								
												0.00		0.00	
	-											0.00		0.00	
												0.00		0.00	
												0.00		0.00	
				-											
												0.00		0.00	
												0.00		0.00	
						-			-			0.00		0.00	
						25						- 0.00		0.00	
10)					i		<u> </u>		T						
		SUBTOTALS	0.00	0.00	0.00	0.0	0.00	195.00		0.00	0.00	0.00	0.00	195.00	
												<u> </u>	1		
		CLAIM TOTAL												\$195.00	
											1		DIV LIQUIDS		
		OF TRIP, REMARKS AND DETAILS									(12) N	ORMAL WO	HK HOURS		
Mor	thly A	Amtrak passes for travel b	etween res	idence an	id HQ.						(13) P	(13) PRIVATE VEHICLE LICENSE NUMBER			
											(14) N	IILEAGE RA	TE CLAIMED		
										A	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER				
															PAID
								TO IVE			_				
		BY CERTIFY That the above is a true prnia. If a privately owned vehicle wa													
	equal to	ornia. If a privately owned vehicle was or greater than the rate claimed, aring to vehicle safety and seat belt usag	nd that I have m	et the require	ments as pre	escribed by	SAIVI SECTIOI	15 0730, 0731	, 0752, 0	VING TRAVEL A	ID PAYME	NT r	DATE ,		
	penainir			DATE	j 1	(16) 9	MALURE	UP UPFICER	AFFRU	VIING I TAVEL A	NUTALINE	131	1		
	pertainir			~ /	00/								9/70	2/11	
	pertainir	LARRING & TELEFOR		9/	79 / /	/							9/29 DATE	9/11	